

MEDICAL HOME ASSESSMENT SURVEY OF DOCTORS BY FAMILIES

We are interested in learning more about the key components of care that doctors offer families and children with special health care needs. Please circle the response that most closely resembles how well your child's doctor works with you and your family.

Please indicate the extent to which you agree or disagree with the following statements.

| | Most of the Time 1 | Sometimes 2 | Occasionally 3 | Never 4 | N/A 5 |
|--|--------------------------|----------------|-------------------|------------|----------|
| Accessibility | | | | | |
| 1A. My child's doctor understands my family's concerns and responds quickly to give me accurate information, referrals, etc. | 1 | 2 | 3 | 4 | 5 |
| 1B. The office staff also respond quickly to give me accurate information, referrals, etc | 1 | 2 | 3 | 4 | 5 |
| 1C. The doctor's schedule is flexible and offers weekend and/or late afternoon hours. | 1 | 2 | 3 | 4 | 5 |
| 1D. I can reach the doctor for emergencies after the office is closed. | 1 | 2 | 3 | 4 | 5 |
| 1E. I can reach the doctor by e-mail. | 1 | 2 | 3 | 4 | 5 |
| 1F. I can reach a doctor 24 hours a day/7 days a week. | 1 | 2 | 3 | 4 | 5 |
| 1G. The office is wheelchair accessible. | 1 | 2 | 3 | 4 | 5 |
| 1H. The doctor understands our insurance and helps to get services covered by our insurance plan | 1 | 2 | 3 | 4 | 5 |
| 1I. The office offers payment plans. | 1 | 2 | 3 | 4 | 5 |
| Family-Centered | | | | | |
| 2A. The doctor and staff welcome our thoughts and concerns. | 1 | 2 | 3 | 4 | 5 |
| 2B. The doctor and staff respect our values and make recommendations with our values in mind. | 1 | 2 | 3 | 4 | 5 |
| 2C. The doctor and staff give my family information in a way we can understand. | 1 | 2 | 3 | 4 | 5 |

| | Most of the Time 1 | Sometimes 2 | Occasionally 3 | Never 4 | N/A 5 |
|--|-----------------------------------|------------------------|---------------------------|--------------------|------------------|
| 2D. The doctor knows my family's strengths. | 1 | 2 | 3 | 4 | 5 |
| 2E. The doctor and staff are always willing to share any information about my child's condition | 1 | 2 | 3 | 4 | 5 |
| 2F. The doctor and staff ask about my family's needs, health, and other concerns every visit. | 1 | 2 | 3 | 4 | 5 |
| 2G. The doctor and staff understand that my family has needs and concerns in addition to my child's health. | 1 | 2 | 3 | 4 | 5 |
| 2H. The doctor and staff understand the difficult situations and changes that my child and family may face. | 1 | 2 | 3 | 4 | 5 |
| 2I. The doctor and staff provide support for my family when we are faced with difficult situations or changes. | 1 | 2 | 3 | 4 | 5 |
| 2J. I can talk with the doctor about any concerns I have with the office staff. | 1 | 2 | 3 | 4 | 5 |
| 2K. The doctor asks my child for information, and explains things to my child in a way that he/she can understand. | 1 | 2 | 3 | 4 | 5 |
| 2L. The doctors understands if all of our family cannot attend appointments and offers a way for those family members to get information. | 1 | 2 | 3 | 4 | 5 |
| Comprehensive | | | | | |
| 3A. The doctor and staff can help us find help for other concerns (school, child care, etc.). | 1 | 2 | 3 | 4 | 5 |
| 3B. The doctor and staff provide for all the medical care my child needs. If the doctor is not able to provide the care, the doctor and staff make sure that my child sees the right doctor. | 1 | 2 | 3 | 4 | 5 |
| 3C. The doctor and staff help us know what to expect. | 1 | 2 | 3 | 4 | 5 |

| | Most of the Time 1 | Sometimes 2 | Occasionally 3 | Never 4 | N/A 5 |
|---|--------------------------|----------------|-------------------|------------|----------|
| Continuous | | | | | |
| 4A. The doctor and staff help my family learn about how to take care of my child's special needs at home, and at school or daycare. | 1 | 2 | 3 | 4 | 5 |
| 4B. The doctor and staff work with other professionals who are involved with my child's care during and share information with me. | 1 | 2 | 3 | 4 | 5 |
| Coordinated | | | | | |
| 5A. The doctor and staff freely share information with all providers of my child's care (with my permission). | 1 | 2 | 3 | 4 | 5 |
| 5B. The doctor and staff have helped us to get services from other providers and agencies. | 1 | 2 | 3 | 4 | 5 |
| 5C. The doctor and office staff keep track of all appointments my child has with specialists. | 1 | 2 | 3 | 4 | 5 |
| 5D. The doctor reviews the results of all lab work tests with all my child's health care providers and with me. | 1 | 2 | 3 | 4 | 5 |
| 5E. The doctor and staff help us contact all necessary providers and services. | 1 | 2 | 3 | 4 | 5 |
| 5F. Someone from the doctor's office helps me to organize all the services my child needs. | | | | | |
| Compassionate | | | | | |
| 6A. The doctor and staff listen respectfully to my opinions and those of my family members. | 1 | 2 | 3 | 4 | 5 |
| 6B. I feel comfortable speaking freely to the doctor and staff about my concerns. | 1 | 2 | 3 | 4 | 5 |
| 6C. The doctor and staff ask if I need respite /special childcare for my child and help me to find it. | 1 | 2 | 3 | 4 | 5 |
| 6D. The doctor and staff talk with my family about the possibilities for my child's progress and answer our questions about the future. | 1 | 2 | 3 | 4 | 5 |

| | Most of the Time 1 | Sometimes 2 | Occasionally 3 | Never 4 | N/A 5 |
|---|-----------------------------------|------------------------|---------------------------|--------------------|------------------|
| Culturally Competent | | | | | |
| 7A. The doctor has helped me to connect to other parents who I would feel comfortable talking with. | 1 | 2 | 3 | 4 | 5 |
| 7B. The doctor and staff give me information in the language my family is most comfortable with. | 1 | 2 | 3 | 4 | 5 |
| 7C. The doctor respects my family's beliefs and customs | 1 | 2 | 3 | 4 | 5 |